

**Abstract citation ID: ckaf161.175**

## **Scaling up a psychological intervention for alcohol misuse in wartime: a qualitative study in Ukraine**

**Khatia Antia**

**K Antia<sup>1</sup>, C Van Der Boor<sup>2</sup>, O Biklian<sup>3</sup>, V Kachay<sup>3</sup>, S Bogdanov<sup>3</sup>, B Roberts<sup>2</sup>, D Fuhr<sup>1,4</sup>**

<sup>1</sup>Prevention and Evaluation, The Leibniz-Institute for Prevention Research and Epidemiology – BIPS, Bremen, Germany

<sup>2</sup>Health Services Research and Policy, LSHTM, London, UK

<sup>3</sup>Mental Health and Psychosocial Support, National University of Kyiv-Mohyla Academy, Kyiv, Ukraine

<sup>4</sup>Health Sciences, University of Bremen, Bremen, Germany

Contact: antia@leibniz-bips.de

**Background:** The war in Ukraine has intensified mental health vulnerabilities, including alcohol misuse among conflict-affected men. The CHANGE intervention, a new transdiagnostic intervention building on WHO's Problem Management Plus (PM+), aims to address alcohol misuse and common mental disorders. This study explores the scalability of CHANGE within Ukraine's war-affected health system.

**Methods:** This qualitative study, guided by CFIR, involved online interviews with twenty stakeholders: 13 program implementers (i.e. providers), 2 adopters (i.e. organisations adopting CHANGE), and 5 maintainers (i.e. national health officials). Interview guides explored key barriers, facilitators, and implementation strategies for CHANGE in Ukraine.

**Results:** The key implementation barriers identified were: insufficient state support, a lack of primary care referrals, limited societal awareness of psychological interventions, scarce funding and challenges in integrating CHANGE into existing services. Conversely, implementers and adopters highlighted established partnerships with local and national organisations as crucial facilitators, alongside a supportive work environment, team professionalism, and recipient/deliverer centredness. The ongoing war impacts implementation by: fears of data confidentiality and mobilisation reduce participation, economic hardship limits access, and insecurity causes service disruption. Key facilitators include: online adaptation, enabling remote access, and increased attention from community organisations to society's mental health needs. Strategies suggested for CHANGE scale-up involve awareness-raising campaigns, building trust through community engagement and leveraging existing networks for effective outreach.

**Conclusions:** Implementation of a psychological intervention during war benefits from online adaptation for remote access and community engagement. Implementation strategies from CHANGE could inform global dissemination efforts in similar contexts.

**Key messages:**

- By exploring implementation strategies of a psychological intervention amid active war, this study enhances the understanding of mental health service scalability in conflict-affected settings.
- Research into implementation strategies is crucial to overcome war-related barriers during the deployment of psychological interventions like CHANGE.